

# Quarterly Data Report Requirements

## APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

### 1. Project Contact and Coordination Information

- a. Identify the project leader(s) and respective business affiliations.
- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.
- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.
- d. Explain how project is being coordinated throughout the state or region.

**The Children’s Hospital of Alabama is legally and financially responsible for this award.**

**Mike Burgess, Project Coordinator, CFO, Children’s Hospital, 1600 Seventh Avenue, South, Birmingham, Alabama 35233, phone: 205.939.6952, fax: 205.939.9189, Mike.Burgess@chsys.org.**

**Pam Barlow, Associate Project Coordinator, Grants Administrator, Children’s Hospital, 1600 Seventh Avenue, South, Birmingham, Alabama 35233, phone: 205.558.2452, fax: 205.939.6060, Pam.Barlow@chsys.org**

**Feliciano Yu, M.D., Primary Investigator, UAB Department of Pediatrics, Information Technology Division, 1600 Seventh Avenue, South, Birmingham, Alabama 35233, phone: 205.212.7863, fax: 205.939.6349, FYu@peds.uab.edu**

**Helmuth Orthner, PhD, Co-Primary Investigator, Professor, Health Informatics Program, Department Health Services Administration, University of Alabama in Birmingham, 1675 University Boulevard, Webb Building, Room 534, Birmingham, Alabama 35294, phone: 205.934.3529, fax: 205.939.6349, Horthner@uab.edu**

**Michael Wiggins, Project Leader, Vice-President - Operations, Children’s Hospital, 1600 Seventh Avenue, South, Birmingham, Alabama 35233 phone: 205.558.2996, fax: 205.939.9189, Michael.Wiggins@chsys.org.**

**The Children’s Hospital of Alabama is the host entity coordinating telemedicine services to the Alabama sites listed below.**

### 2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
  - i. Public or non-public;
  - ii. Not-for-profit or for-profit;
  - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission’s rules or a description of the type of ineligible health care provider entity.

**Children’s Hospital of Alabama, 1600 Seventh Avenue, South, Birmingham, Alabama, 35233, phone: 205.939.9100 fax: 205.939.9189, RUCA – 01073004500; six-digit census**

tract 0045.00; non-public, not-for-profit, IRS Tax ID number 63-0307306 classifies this organization as a hospital.

1) Marshall Medical Center, 2505 U.S. Highway 431, South, Boaz, Alabama, 35957 Marshall County, phone: 256.593.8310, RUCA 01095031200, six-digit census tract 0312.00, non-public, not-for-profit, IRS Tax ID Number is pending.

2) Bryan W. Whitfield Memorial Hospital, 150 U.S. Highway 80, Demopolis, Alabama, 36732 Marengo County, RUCA 01091983400, six-digit census tract 9834.00, phone: 334.289.4000, non-public, not-for-profit; IRS Tax ID Number 63-6002343 classifies this organization as a hospital.

3) Russell Hospital, 3316 Highway 280, Alexander City, Alabama, 35010 Tallapoosa County, phone: 256.329.7100, RUCA 01123992300, six-digit census tract 9923.00, non-public, not-for-public; IRS Tax ID Number 63-0385130 classifies this organization as a hospital.

4) Coosa Valley Medical Center, 315 W. Hickory Street, Sylacauga, Alabama, 35150 Talladega County, phone: 256.249.5000, RUCA 01121011800, six-digit census tract 0118.00, non-public, not-for-public; IRS Tax ID Number 63-0817446 classifies this organization as a hospital.

5) D. W. McMillan Memorial Hospital, 1301 Belleville Avenue, Brewton, Alabama, 36426 Escambia County, phone: 251.867.8061, RUCA 01053970100, six-digit census tract 9701.00, non-public, not-for-public; IRS Tax ID Number is pending.

**The sixth (6) site listed in the original application submitted by Children's Hospital of Alabama named the Southwest Alabama Mental Health Center. This Alabama health center was awarded monies for the Rural Healthcare Pilot Program, also from the FCC and developed their own network. They will not be participating in the ALPHA network in Birmingham hosted by The Children's Hospital of Alabama.**

**3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:**

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

**RFP in development.**

**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);  
Federal Communications Commission FCC 07-198

74

- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

**To be determined. No operational sites as of 6/30/08.**

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
  - i. Engineering
  - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

**RFP in development.**

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
- b. Describe the source of funds from:
  - i. Eligible Pilot Program network participants
  - ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
  - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
  - ii. Identify the respective amounts and remaining time for such assistance.
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

**To be developed.**

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

**Not applicable**

**8. Provide an update on the project management plan, detailing:**

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and
- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

**To be developed.**

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

**ALPHA Network sustainability plan has formed a steering committee for the FCC project. This committee will provide direction and leadership for implementing sustainable plans, activities and ensuring key site hospitals remain involved and supportive of the FCC program beyond implementation phase. The committee will also coordinate planning activities, collect and analyze information, develop sustainability models, and execute the results for sustainability of the ALPHA Network.**

**To ensure continuation of the initial program, Children's Hospital will leverage the experience from existing telemedicine efforts. Reimbursement for services is a major challenge to offering telemedicine services. One example is the Children's Hospital telepsychiatry program is current being reimbursed through the federal Medicaid program in the state of Alabama. Following similar process, CHS is developing reimbursement methods for various telemedicine initiatives particularly to those in medically underserved areas of Alabama. Discussions have already begun with Alabama Medicaid officials regarding future funding for telemedicine services.**

**Future funding opportunities will also be explored, as part of the sustainability plans of the ALPHA Network steering committee as list below:**

**Government funding/support: First and foremost, provisional methods to facilities with sufficient capacity to accommodate expanded reimbursement services.**

**Facility or partner organization operating funds**

**Other grant funding**

**Alternative funding/payment for end-users**

**Community or charitable donations**

**Private/Public partnerships**

**In-Kind contributions**

**Network membership fees**

**Third-party fees for network use**

**Subsidization from other revenue generating projects or initiatives**

**Hardware or software commercialization and sales**

In addition, the ALPHA Network will continue to explore opportunities for telehealth activities. As part of its forward looking health information technology vision, Children's Hospital is promoting the use of telemedicine as one of its health IT goals. Currently, the telemedicine equipment are managed and maintained by CHS biomedical department. The network and computer hardware needs are being managed by CHS IT division.

Lastly, by leveraging for existing partnership with the community and the region, and by strengthening the ties to pilot hospital during the project, the initiative will ensure that state of Alabama wide participation to future telemedicine ventures and collaboration will take place.

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

**To be developed.**

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

**To be developed.**

**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

**To be developed.**